

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L22000084318

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : M. BURR KEIM COMPANY  
 Account Number : I19990000242  
 Phone : (215)563-8113  
 Fax Number : (215)977-9386

02/28/2022 10:01 AM  
 8

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**5122 SE Lisbon Circle, LLC**

Certificate of Status	<b>0</b>
Certified Copy	<b>0</b>
Page Count	<b>02</b>
Estimated Charge	<b>\$125.00</b>

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5122 SE Lisbon Circle, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

c/o Fowler White, Attn:Richard Wood  
1395 Brickell Avenue, 14th Floor  
Miami, FL 33131

c/o Fowler White, Attn:Richard Wood  
1395 Brickell Avenue, 14th Floor  
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

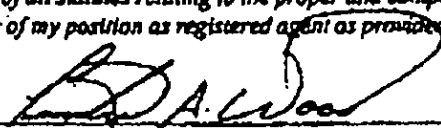
The name and the Florida street address of the registered agent are:

FOWLER WHITE BURNETT, P.A. - Attn. Richard A. Wood  
Name

1395 Brickell Avenue, 14th Floor  
Florida street address (P.O. Box **NOT** acceptable)

Miami                      FL                      33131  
City                          State                          Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Michael Woodward, c/o Woodward Properties, Inc.  
P.O. Box 1260, Havertown, PA 19083  
7600 West Chester Pike, Upper Darby, PA 19082

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

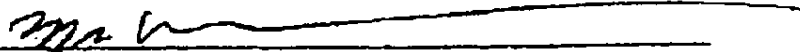
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Woodward, Manager

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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